

INFANT CASE MANAGEMENT (ICM) INTAKE

**Instructions: Complete this form for each new intake to document client/infant's eligibility.
File completed form in the client record.**

Reminders

- Eligibility for ICM may be documented anytime during the ICM service period (which is from the third month post pregnancy through the month of the infant's first birthday).
- Beyond meeting one of the ICM criteria below, there must be a need by the birth parent(s) for assistance in accessing resources and/or providing care for the infant/family in the household.
- The goal of ICM is to improve the birth parents' (and family) self-sufficiency to access existing social and health resources in the community to meet immediate needs.

DATE	AGENCY NAME	COMPLETED BY
CLIENT'S (PARENT) NAME	INFANT'S NAME	INFANT'S PATIENT IDENTIFICATION CODE (PIC)

Eligibility Criteria (Mark all that apply and ensure that infant/family's circumstances are documented in the client record):

- ☐ 1. Staff concern for the **parent(s)' ability to care for infant** specifically due to at least one of the following:
- ☐ Incarceration of the mother within the last year
 - ☐ Low functioning of the infant's parent(s) (as demonstrated by examples such as: needs repeated instructions; not attuned to infant cues; leaves infant with inappropriate caregivers; parent has the equivalent of less than an 8th grade education)
 - ☐ Mental health issue of the infant's parent(s) that is not stabilized (issue treated or untreated)
 - ☐ Physical impairment of the infant's parent
 - ☐ Infant's mother is experiencing post pregnancy depression or mood disorder or has a history of depression/mood disorder
 - ☐ Inability to access resources due to age: 19 years old or younger
 - ☐ Social isolation (as demonstrated by examples such as: family is new to the community; parent(s) does not have a support system; family moves frequently; lack of supportive living environment)
 - ☐ Inability to access resources due to language or cultural barrier (as demonstrated by examples such as: speaks only Mixteco; recently arrived from Guatemala and speaks no English; recently arrived from Mexico and is having difficulty navigating health care system)

-OR-

- ☐ 2. Staff concern for the **safety of infant** specifically due to at least one of the following:
- ☐ Domestic or family violence in present or past relationship which keep the parent feeling unsafe
 - ☐ Substance use by the infant's mother and/or father that is impacting ability to parent
 - ☐ Secondhand smoke exposure to the infant
 - ☐ CPS involvement within the last year or mother/father had parental rights terminated in the past
 - ☐ Unstable living situation (as demonstrated by examples such as: homelessness; couch surfing; unsafe conditions; no cooking facilities, heat or water)

-OR-

- ☐ 3. Staff concern for **infant health needs** specifically due to at least one of the following:
- ☐ LBW (low birth weight - less than 5.5 pounds)
 - ☐ Premature birth (less than 37 weeks gestation)
 - ☐ Failure to thrive (as demonstrated by examples such as: baby is not gaining weight; significant feeding difficulty; no eye contact; baby is listless)
 - ☐ Multiple births (twins or more infants)
 - ☐ Excessive fussiness or infant has irregular sleeping patterns (as demonstrated by examples such as: parent(s)' sleep deprivation, exhaustion and/or need for respite childcare)
 - ☐ Infant has an identified medical problem or disability
- ☐ Client Refused ICM Services ☐ Could Not Locate Client ☐ Client not eligible for ICM Services